

**PESTICIDE PREAPPLICATION SITE &
FIELDWORKER SAFETY INSPECTIONS**

PR-ENF-044 (REV. 8/99)

PAGE _____ OF _____

FIRM / PERSON INSPECTED	INSPECTING COUNTY
FIRM ADDRESS	PERMIT / OPERATOR ID NUMBER
PROPERTY OPERATOR	COMMODITY / SITE
ONSITE SUPERVISOR	SITE ID NUMBER

A. PREAPPLICATION SITE INSPECTION

REQUIREMENTS	Reference Section	COMPLIANCE			PCA NAME
		YES	NO	N/A	PCA EMPLOYER
1. Notice of Intent consistent with Permit	6434				ADJACENT ENVIRONMENT
Permit Monitoring					(N) (S)
2. App. Complies with Permit Conditions	6432,36				(E) (W)
3. Environ. Cond. Consistent w/Permit NOI	6436				
4. Written Recommendation reviewed	6436				ENVIRONMENTAL HAZARDS
PCA Recommendation Number:					
Total	Total				
PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

B. FIELD WORKER SAFETY INSPECTION

	Early Entry PPEs Worn			
Date of Application:	HANDS	EYES	INHALATION	OTHER
Approximate Number of Employees:	<input type="checkbox"/> Cloth / Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Work Clothes
Fieldworker Activity:	<input type="checkbox"/> Chem Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator	<input type="checkbox"/> Chem Resistant Clothes
Approximate Field Size:	<input type="checkbox"/> Other	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator	<input type="checkbox"/> Chem Resistant Boots
	<input type="checkbox"/> None	<input type="checkbox"/> Eye / Sunglasses	<input type="checkbox"/> SCBA	<input type="checkbox"/> Head Covering
	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Shoes and Socks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____

REQUIREMENTS	Reference Section	COMPLIANCE			OBSERVATIONS AND REPORTS
		YES	NO	N/A	Distance to Decontamination Facility:
1. Hazard Communication A-9	6761				Amount of Water Available:
2. Field Work During Pesticide Application	6762				Single Use Towels <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Field Worker Training	6764				Eyewash 1 Pint (Early Entry) <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Emergency Medical Care Knowledge	6766b				Clean Towels (Early Entry) <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Decontamination Facilities	6768				Soap Available <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Field Entry After Pesticide Application	6770				REI Expired <input type="checkbox"/> YES <input type="checkbox"/> NO
7. Early Entry	6771				Follow-up Required <input type="checkbox"/> YES <input type="checkbox"/> NO
8. Posting Compliance	6776				Follow-up Completion Date:
9. Farm Labor Contractor Registration (Labor Code)	1695				Cease & Desist Order 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO
10. Greenhouse Ventilation Criteria	6769				Hazardous Area 6706 <input type="checkbox"/> YES <input type="checkbox"/> NO
					Violation Notice <input type="checkbox"/> YES <input type="checkbox"/> NO
Total	Total				Correct Noncompliances by Date:

Remarks: Include a detailed description of noncompliances.

INSPECTOR'S SIGNATURE	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY	DATE ACKNOWLEDGED